

Corrective Action Form Description and Action Plan

ID #

Event Date:

Dept.:

1. Identification of nonconformity or quality problem:

Recorded by:

Date:

2. Investigation:

Recorded by:

Date:

3. Action plan:

a. Short term:

b. Long term:

Recorded by:

Date:

4. Review

Laboratory Division Director / date: _____

Comments:

Quality Assurance Manager / date: _____

Comments:

Quality Assurance Director / date: _____

Comments: